

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/17/03.

I. DISPUTE

Whether reimbursement is recommended for the CPT code 97139-PH and 97139-SS for dates of service listed below. The carrier denied services as “M-Reduced to fair and reasonable. N72-Documentation must include treatment provided (with days of week), response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan. F1-Reduction according to Fee Guideline. Charge exceeds the scheduled maximum allowance per the Medical Fee Guideline.”

II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/10/02	97139-SS	\$35.00	\$20.25	F1	DOP	MFG MGR (IV) 133.307 (g)(3)	For the date of service 07/10/02, documentation indicates the delivery of service does not exceed the maximum allowance per the MFG. Therefore, additional reimbursement in the amount of \$20.25 for the date of service 07/10/02 is recommended.
07/22/02		\$35.00	\$20.25	M			The requestor did not submit relevant information, in the form of redacted EOBs that supports their fair and reasonable rate of reimbursement per the MFG for the dates of service 07/22/02 and 07/25/02. Therefore, additional reimbursement is not recommended.
07/25/02		\$35.00	\$20.25	M			
05/15/02	97139-PH	\$35.00	\$20.25	M	DOP	MFG MGR (IV) 133.307 (g)(3) MFG MGR (I)(A)(1-5, 8)	The requestor did not submit relevant information, in the form of redacted EOBs that supports their fair and reasonable rate of reimbursement per the MFG for the dates of service 05/15/02 through 07/03/02. Therefore, additional reimbursement is not recommended from these dates of service.
05/21/02		\$35.00	\$20.25	M			
05/28/02		\$35.00	\$20.25	M			
05/31/02		\$35.00	\$20.25	M			
06/04/02		\$35.00	\$20.25	M			
06/05/02		\$35.00	\$20.25	M			
06/06/02		\$35.00	\$20.25	M			
06/11/02		\$35.00	\$20.25	M			
06/12/02		\$35.00	\$20.25	M			
07/03/02		\$35.00	\$20.25	M			
08/08/02		\$35.00	\$0.00	N72			Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan for the date of service 08/08/02. Therefore, reimbursement is not recommended this date of service.
Totals		\$490.00	\$263.25				The Requestor is entitled to additional reimbursement in the amount of \$20.25 is recommended.

III. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97113. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$20.25** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision and Order are hereby issued this 9th day of March 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division
MB/mb